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MAIL STOP: **Amendment**

EXAMINER: **Pablo S. WHALEY**

ART UNIT: **1631**

APPLICANT(S): **Hao CHEN et al.**

APPLICATION NO.: **10/669,705**

FILING DATE: **9/25/2003**

ATTORNEY DOCKET NO.: **900/00420**

TOTAL PAGES (Incl. Certificate): **13**

DOCUMENT(S): **Transmittal; Extension of Time (3 months) + duplicate; Response to Non-Final Office Action**



Signature

Will Sayo

Typed or printed name of person signing Certificate

650-623-0324

Telephone

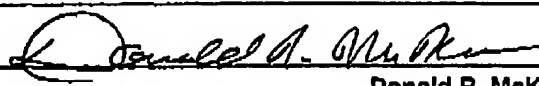
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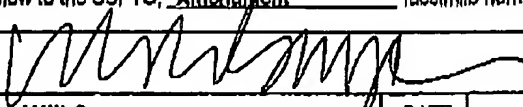
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Form CLS-IP21 (was0906)
Approved for use through 3/31/2007

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	APPLICATION NUMBER	10/669,705	
	FILING DATE	9/25/2003	
	APPLICANT(S)	Hao CHEN et al.	
	ART UNIT	1631	
	EXAMINER	Pablo S. WHALEY	
MAIL STOP	Amendment	ATTORNEY DOCKET NUMBER	900/00420

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> Election/Restriction Requirement <input type="checkbox"/> After Final <input type="checkbox"/> Missing Parts/Incomplete Application <input type="checkbox"/> Under 37 CFR 1.52 or 1.53 <input checked="" type="checkbox"/> Extension of Time Request (3 month(s)) <input type="checkbox"/> Information Disclosure Statement & Form(s) PTO-SB03 <input type="checkbox"/> Drawings (sheets(s)) <input type="checkbox"/> Declaration (sheet(s)) <input type="checkbox"/> Application Data Sheet (updated)	<input type="checkbox"/> PTO-1585 Recordation Form Cover <input type="checkbox"/> Assignment (sheet(s)) <input type="checkbox"/> Merger/Name Change Certificate <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Statement Under 37 CFR 3.73(b) <input type="checkbox"/> Change of Address <input type="checkbox"/> Petition <input type="checkbox"/> Revive Application <input type="checkbox"/> Withdraw <input type="checkbox"/> Request <input type="checkbox"/> Correction <input type="checkbox"/> Refund	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Notice of Appeal <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Reply Brief <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other enclosure(s) identified below:
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
FIRM NAME	CALIPER LIFE SCIENCES, INC.		
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PRINTED NAME	Will Sayo	DATE	1/8/2007